

PEB REFERRAL TRANSMITTAL DOCUMENT

For use of this form, see AR 635-40; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC chapter 61 and 5 USC 301
PRINCIPAL PURPOSE: Transmittal of Medical Evaluation Board and allied documents to the Physical Evaluation Board.
ROUTINE USES: Confirmation of documents submitted. Reference data to contact Soldier as required.
DISCLOSURE: Disclosure is voluntary; however, failing to provide information may delay timely processing of case.

1. TO (Designate applicable PEB and address)

2. FROM (MTF and address)

3. DATE (YYYYMMDD)

4. NAME (Last, first, middle)

5. RANK

6. SSN

7. SOLDIER'S UNIT ADDRESS

8. DUTY PHONE (List DSN)

9. SOLDIER'S HOME ADDRESS

10. RESIDENTIAL PHONE

11. MEB DOCUMENT CHECKLIST REQUIRED BY PEB (Updated 1 JAN 2008)**MEB DOCUMENTS (in this order)**

a	<input type="checkbox"/>	MEB Proceedings (DA Form 3947 or appropriate Interservice/Triservice MEB)
b	<input type="checkbox"/>	NARSUM
c	<input type="checkbox"/>	Additional Medical Documents supporting NARSUM or Addendum (i.e Medication Profile, Photos as appropriate), Health Record and associated clinical records
d	<input type="checkbox"/>	Physical Exam (DD Form 2808 & DD 2807-1)
e	<input type="checkbox"/>	Physical Profile (DA Form 3349)

PERSONNEL DOCUMENTS (in this order)

f	<input type="checkbox"/>	Physical Disability Evaluation System (PDES) Commander's Performance & Functional Statement (DA Form 7652) (Include copy of MMRB, as applicable)
g	<input type="checkbox"/>	Retirement Orders, amendments and/or revocations
h	<input type="checkbox"/>	Approved LOD Decision (DD Form 261/DA Form 2173) (when required,
i	<input type="checkbox"/>	OERs / NCOERs and or Developmental Counseling- Last three (as applicable)
j	<input type="checkbox"/>	ORB/ERB/PQR/ Officer /Enlisted Record Brief, Personnel Qualification Record or Equivalent
k	<input type="checkbox"/>	LES Leave and Earnings Statement (DFAS Form 702)
l	<input type="checkbox"/>	ACAP Pre-Separation Counseling Checklist (DD Form 2648)

RC/NG Documents

m	<input type="checkbox"/>	Individual Mobilization Orders to also include extension orders, if applicable
n	<input type="checkbox"/>	ADME/CBHCO Orders
o	<input type="checkbox"/>	Attachment Orders
p	<input type="checkbox"/>	15/20-Year Letter
q	<input type="checkbox"/>	Retirement Points Statement (NGB Form 23 or ARPC Form 249-2-E) - Thru current RYE

OTHER

r	<input type="checkbox"/>	Other
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12. TYPED NAME OF PEBLO

13. SIGNATURE